

# D Neuro Alzheimers Disease Mild Cognitive Impairme

Record ID

## 1. Gold Standard Diagnosis

**Does the patient have Major Neurocognitive Disorder - Alzheimer's Type, Mild Cognitive Impairment or other types of dementia confirmed by going through (must fill at least one):**

Clinical history:

Functional Inventory:

Cognitive Testing:

Other investigations:

Have you excluded other causes of cognitive/functional changes (and/or other subtypes)?

- ☐ No  
☐ Yes  
☐ Not certain

## 2. Disease Type

Specify the disease type in the patient:

- ☐ Mild Cognitive Impairment (MCI)  
☐ Typical Alzheimer's Disease (AD)  
☐ Frontotemporal Dementia (FTD)  
☐ Lewy Body Dementia (LBD)  
☐ Vascular Dementia (VaD)  
☐ Mixed Dementia (e.g., AD and VaD)  
☐ Other

If you selected "other", please specify:

## 3. Etiology

What is the suspected or known etiology in the patient?

- ☐ Genetic factors  
☐ Age-related changes  
☐ Other medical conditions (e.g., vascular factors, traumatic brain injury)  
☐ Substance-related (e.g., alcohol-induced cognitive impairment)  
☐ Other

Genetic Factors Subcategory

- ☐ Familial Alzheimer's disease (e.g., mutations in APP, PSEN1, PSEN2 genes)  
☐ Apolipoprotein E (APOE) ε4 allele  
☐ Other genetic factors

If you selected "Other genetic factors", please specify:

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If you selected "other medical conditions", please specify:

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If you selected "other", please specify:

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#### 4. Disease Severity

What is the current stage/severity of cognitive impairment or dementia in the patient?

- ☐ Mild cognitive impairment (MCI)  
☐ Clinical dementia rating (CDR) staging

Clinical dementia rating (CDR) staging subcategory:

- ☐ CDR 0.5 (Very mild impairment)  
☐ CDR 1 (Mild impairment)  
☐ CDR 2 (Moderate impairment)  
☐ CDR 3 (Severe impairment)

#### 5. Cognitive Assessment

(must fill at least one)

Rowland Universal Dementia Assessment Scale (RUDAS) score:

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Mini-Mental State Examination (MMSE) score:

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Montreal Cognitive Assessment (MoCA) score:

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Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-Cog) score:

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Other cognitive assessment tool (Please Specify):

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Other cognitive assessment tool score:

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#### 6. Treatment Obtained

Has the patient undergone any treatment for Alzheimer's disease or cognitive impairment or other types of dementia?

- ☐ Yes  
☐ No

Yes

- ☐ Medications  
☐ Non-pharmacological interventions

Medications:

- ☐ Cholinesterase inhibitors (e.g., Donepezil, Rivastigmine, Galantamine)  
☐ NMDA receptor antagonist (e.g., Memantine)  
☐ Other

If you selected "Other", please specify:

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Non-pharmacological interventions:

- ☐ Day program
- ☐ Cognitive stimulation therapy
- ☐ Reality orientation therapy
- ☐ Reminiscence therapy
- ☐ Physical exercise program
- ☐ Dietary modifications
- ☐ Other

If you selected "Other", please specify:

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